

# Quick DASH



Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INSTRUCTIONS:** This questionnaire asks about your symptoms as well as your ability to perform certain activities. Please answer *every question*, based on your condition in the last week. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate. It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response:

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Do heavy household chores (e.g. wash walls, floors)	1	2	3	4	5
3. Carry a shopping bag or briefcase	1	2	3	4	5
4. Wash your back	1	2	3	4	5
5. Use a knife to cut food.	1	2	3	4	5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g. golf, hammering, tennis, etc)	1	2	3	4	5

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?	1	2	3	4	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5

**Please rate the severity of the following symptoms in the last week. (circle number)**

	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

**QuickDASH DISABILITY/SYMPTOM SCORE** = ((sum of n responses/n) – 1) x25, where *n* is equal to the number of completed responses. A **QuickDASH** score may not be calculated if there is greater than 1 missing item.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**WORK MODULE (OPTIONAL)**

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: \_\_\_\_\_

I do not work (You may skip this section.)

Please circle the number that best describes you physical ability in the past week:

Do you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Using your usual technique for your work?	1	2	3	4	5
2. Doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3. Doing your work as well as you would like:	1	2	3	4	5
4. Spending your usual amount of time doing your work?	1	2	3	4	5

**SPORTS/PERFORMING ARTS MODULE (OPTIONAL)**

The following questions relate to the impact of your arm, shoulder or hand problem on playing your musical instrument or sport or both.

If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you: \_\_\_\_\_

I do not play a sport or an instrument. (Your may skip this section.)

Please circle the number that best describes your physical ability in the past week:

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Using your usual technique for plying your instrument or sport?	1	2	3	4	5
2. Playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3. Playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. Spending your usual amount of time practicing or playing your instrument or sport?	1	2	3	4	5

**SCORING THE OPTIONAL MODULES:** Add up assigned values for each response; divide by 4 (number of items); subtract 1; multiply by 25. An optional module score may not be calculated if there are any missing items.

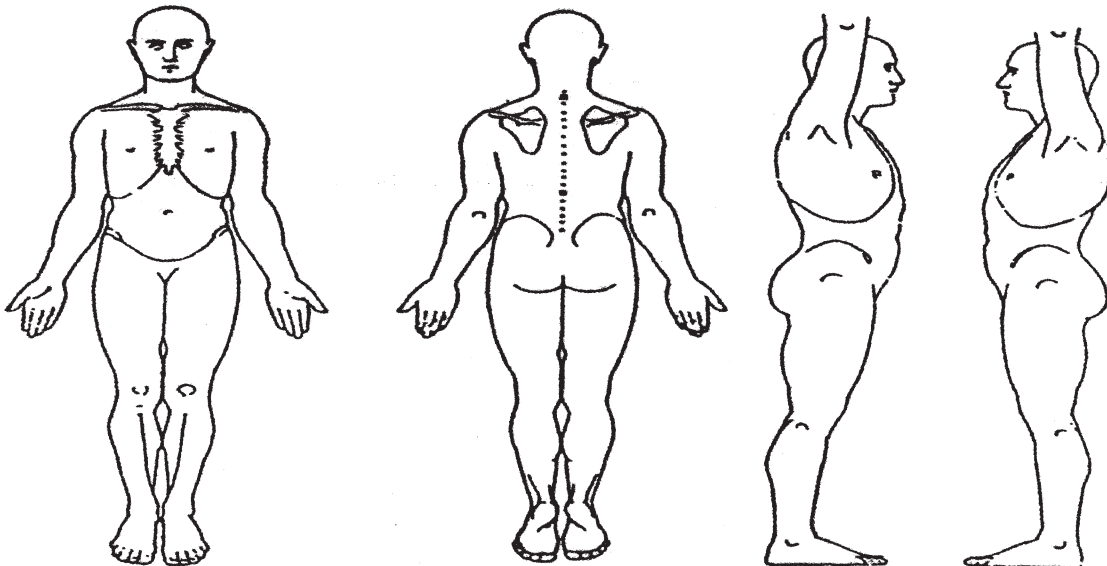
## Pain Numeric Rating Scale

1. On a scale of 0 to 10, with 0 being no pain at all and 10 being the worst pain imaginable, how would you rate your USUAL level of pain during the last week?
2. On the same scale, how would you rate your BEST level of pain during the last week?
3. On the same scale, how would you rate your WORST level of pain during the last week?

### LOCATION OF SYMPTOMS:

At present, mark exactly where you have your discomfort,

- ✓✓✓ Minimal to Moderate Pain
- ■ ■ Severe Pain
- Radiating Pain
- X X X Numbness



When your problem began, was your discomfort in exactly the same location as you have it now?  
If the position of the discomfort has changed, how did the position of the discomfort progress from the original location? \_\_\_\_\_

FORM #BP50056